			SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	<u> </u>
	ARTMENT OF P		egistration District No	STATE FILE NOMBER
DO NOT WRITE ON THIS STUB	AMENDED		FILED III 0 (666	
VS 300		1	PLÂCE OF DEATH 300 1902 a. COUNTY BOONE 2. USUAL RESIDENCE (Where deceased a. STATE MISSOURD. COUNTY	I lived. If institution: Residence before YLACLEDE edmission)
Rev. 4/59			b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Inside Limits
10.0	AMENDED	-	TOWN CULUMBIA 13 days TOWN FALCON	Yes D No K
10109]	١.	HOSPITAL OR UNIVERSITY OF ADDRESS	ide, give location) Reside on Ferm
² 0530,	DAT	I	MISSOURI MEDICAL CENTER (CT.	Yes X No 🗆
3			3. NAME OF DECEASED First Middle Last 4. DATE (Type or print) OF	Month Day Year
4 0	1	1_		ULY 4 1962
	1	1 :	5. SEX 6. COLOR OR RACE 7. Married Never Merried B. DATE OF BIRTH 9. AGE (last birthe Widowed Divorced Div	day) IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min.
_ 5 /		10	MALE WHITE WINDOWS DIVORCED TAN. 14. 19.5 32 Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or coun	ntry) 12. CITIZEN OF WHAT COUNTRY
6			LABORER SAW MILL LEBANON ME	USA
7 0	FOLLO	73	BA. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME	OF HUSBAND OR WIFE
8 2	S FO	E	ZRA: BLANKENSHIP CARRIE KINCHELOE LEON. 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT	A BLANKENSHIP Address
92211	⋖	()	es, no, or unknown) I (If yes, give war or dates of service)	ISSOUR I MEDICAL RECOR
XX		: -	18. CAUSE OF DEATH (Enter only one cause per line 1	INTERVAL BETWEEN
10	1 1 1 1 1 1		IMMEDIATE CAUSE (a)	ONSET AND DEATH
11	시니니이	•	4.0	
12 2 2			Conditions, if any, which gave rise to	EMORRHAGE 12 day
13 3 -0	THIS		above cause (a),	
			stating the under-	
<u>.</u>	8	NO	stating the under- lying cause last. DUE TO (c) UNKNOWN CAUSE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II.	ART III. If deceased was female w
		ICATION	stating the under- lying cause last. DUE TO (c) UNKNOWN CAUSE	
		CERTIFICATION	stating the under- lying cause last. DUE TO (c) UNKNOWN CAUSE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injure PERFORMED?	ART III. If deceased was female we there a pregnancy in last 90 day
7		CAL CERTIFICATION	stating the underlying cause last. DUE TO (c) UNKNOWN CAUSE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 100 COURTED. (Enter nature of injunction of the condition of the cond	ART III. If deceased was female we there a pregnancy in last 90 day
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	name is recorded on the reverse side of this certificate was embalmed by me,
	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed grand fruitle
Organista et diesetti zindunta	Licensed Embalmer, No. 40/3
	P. O. Address Columbia Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

Art Commence

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.